



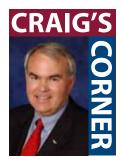
# H News You Can Use

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# **New Beginnings, New Opportunities to Serve**



Spring means different things to each of us: warmer weather, longer days, and new beginnings. With spring upon us and summer close on its heels, we reflect on the work we've done and gear up for new challenges and opportunities. Each of OHI's directorates has had notable successes recently, a few of which are highlighted below:

Health Data and Informatics continues to lay the groundwork for the Secretary's decision to

establish a service-connection for Veterans with conditions associated with Agent Orange exposure, by using data systems to identify Veterans who may be eligible for additional benefits.

The Chief Health Informatics Office (CHIO) is a leading force behind the Department-wide effort to harness innovative ideas and make them a reality. On page 2, we join CHIO in recognizing the success of Tim Cromwell, who recently received the 2010 Chief Information Officers Council Leadership Award.

Our Enterprise Systems Managers are engaged in the Secretary's Transformational Initiatives, and continue to ensure business owners are kept apprised of the progress and status of their IT projects. Read more about their efforts on page 2.

Our VA/Department of Defense (DoD) Health Information Sharing Directorate has led implementation of a medical records exchange process to support reverse transfer of patients from VA to DoD - a process key to continuity of care for the most seriously wounded Servicemembers.

Finally, our Business Operations Directorate continues to support all of our efforts. Our "BizOps" team makes our successes possible by providing direction for our IT budget process, producing high-impact communications products, and establishing agreements with VA's Office of Information & Technology to facilitate joint goals, to name just a few recent efforts.

As we look ahead to another busy and productive season, we in OHI take this opportunity to recognize and thank you — our partners — for all you do to care for and support our Nation's Veterans.

Your Resident Patient,



Craig



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And Much More!

Craig's Rules<sup>®</sup> "Communicate, cooperate, and coordinate."

## **VA Major Initiatives and Resource Realignment**

VA's emphasis on transforming into a 21st century organization is driving how IT solutions are implemented across the organization. Led by Secretary Eric K. Shinseki, the Department's leadership has developed an extensive plan structured around the Major Initiatives. This list of VA's "Greatest Challenges" includes, but is not limited to, programs aimed at eliminating Veteran homelessness and enabling 21st century benefits delivery and services, thereby eliminating the backlog of pending benefit claims. VA Deputy Secretary W. Scott Gould has announced his commitment to establishing fully staffed, well-planned, and achievable program and project plans for all Major Initiatives in order to achieve measurable results.

Assistant Secretary for Information and Technology Roger Baker has made this goal his number one priority and has assigned a single Office of Information and Technology (OI&T) lead to each of the Major Initiatives. Government resources have been shifted to ensure initiatives are fully staffed.

Resources (particularly for development) are limited and can only support a finite number of projects. As a result, certain VHA projects have been discontinued or deferred until adequate resources can be allocated to restart them. Critical patient safety programs and core projects that received funding for Fiscal Year 2010 but are now impacted by resource realignment remain an important focus for VHA leadership.

VHA has taken steps to understand all aspects of the VA Major Initiatives and the realignment of resources, and to determine impacts on key programs if they are stopped. Enterprise Systems Managers are participating in ongoing OI&T assessments and working groups that focus on staff realignment in an effort to advocate for un-resourced VHA projects. VHA has initiated multiple appeal efforts to help minimize the impact to these critical programs, and appeals have been elevated, as appropriate, to Under Secretary for Health Dr. Robert Petzel and Assistant Secretary for Information and Technology Roger Baker.

Updates to the list of programs/projects being delayed or deferred are expected as OI&T continues to address resource realignment. In the meantime, VHA continues to work toward a successful outcome. More detailed documentation may be found on ESM's Intranet site at: http://vaww1.va.gov/ESM/.



# **OHI Employee Awarded for** Excellence in Leadership, **Innovation**



**Dr. Timothy Cromwell** 

Timothy Cromwell, RN, PhD, has been named a 2010 Chief Information Officers (CIO) Council Leadership Award winner for his work in the important field of electronic health information exchange. In January, Dr. Cromwell led a multidisciplinary team of experts to implement a partnership between the Department of Veterans Affairs (VA) and Kaiser Permanente to securely share health information electronically. This historic partnership demonstrates that clinicians from separate health care organizations can work together to transform the way health care is delivered.

The 2010 CIO Council Leadership Award recognizes Dr. Cromwell for his innovative spirit, use of measurable outcomes and information technology, and for his ability to transcend federal agency boundaries. Dr. Cromwell is the Director of the Standards and Interoperability Office within OHI's Chief Health Informatics Office. He continues to spearhead health data exchange pilots.

# **New Code Sets and Transaction Standards Coming**

On October 1, 2013, after more than 30 years, the International Classification of Diseases, 9th edition (ICD-9) diagnosis and inpatient procedure codes will be replaced by ICD-10. While that date may seem distant, the impact of the change will be far-reaching and efforts are underway to prepare for implementation. The new codes will require thousands of changes to IT systems, secondary data stores, problem lists, clinical reminders, encounter forms, screen displays, and printed documents. Additionally, there will be significant changes to clinician documentation and varying degrees of training for thousands of VA staff.



#### ICD-10: Representing new diagnoses and technologies

The detailed diagnosis and procedure information will allow research and quality groups to better evaluate medical processes and outcomes, as well as incorporate new technologies, devices, and diagnoses that did not exist when ICD-9 was adopted in 1979. The United States will join 99 industrialized countries that have already adopted ICD-10 for reporting morbidity data and will be able to compare international data and more readily identify global health threats.

To prepare for the change, OHI's Health Information Management (HIM) program office has established the ICD-10 Program Management Office (PMO) under the direction of Mike Hendry. Working collaboratively with the Enterprise Systems Management Office and OI&T, the PMO has oversight for implementation of ICD-10. The PMO is helping identify and address the needs of business owners, and plan for long term budget and training needs.

#### More changes: Updated HIPAA standard transaction versions

When the Department of Health and Human Services (HHS) published modifications to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requiring the use of ICD-10, it also mandated adoption of updated HIPAA standard transaction versions for electronic health care claims and related transactions used for third-party revenue and payments. The new standards are Version 5010 for most electronic transactions and Version D.0 for pharmacy transactions. The updated standard transactions will improve the eligibility response transaction, clarify the use of National Provider Identifiers, enhance the structure of the health care services review transaction, and facilitate Coordination of Benefits claims processing.

OHI is supporting the VHA Chief Business Office in its work with OI&T within an integrated project structure to manage and oversee the development, testing, and deployment of this effort. VHA must develop and test the standards internally and be prepared to interact with external trading partners by January 1, 2011. VHA must test and incrementally implement with all trading partners by the final compliance date of January 1, 2012. The compliance date is critical because enhancements delivered under the 5010 and D.0 standards are required to accommodate the expanded ICD-10 codes when they are implemented in 2013. VA, as one of the nation's largest integrated health care providers and a payer for purchased care, is working to ensure there will be no disruption of revenue or payment processes associated with the adoption of the new HIPAA transaction standards.

#### So just what is an ICD-10 code?

It's the machine readable code used to identify a disease or condition.

Ever wonder what Craig has?

He has PLS or Primary Lateral Sclerosis\*. The ICD-9 code for PLS is 335.24, the ICD-10 code is G12.2.

\*For more on PLS, Craig says, "Feel free to contact the Resident Patient."

## From Idea to Project Activation: How the Business Requirements Process Works



Demand for IT solutions is always growing, and with resources limited, identifying and prioritizing the most urgent IT needs has never been more critical. VHA's business requirements process ensures that IT requirements are appropriately detailed and consistently managed. Recent changes to the process support prioritizing and sequencing IT requests based on their alignment with VA Major Initiatives and VHA Sub Initiatives (see article on pg. 2). IT requests that do not align are retained for future use as needs change, priorities adjust, and capabilities increase. Moving forward, VHA Program Offices will be more involved in managing and prioritizing needs.

So, what are the steps?

- 1. Anyone can submit a New Service Request for an IT need. An Enterprise Systems Management (ESM) Office requirements analyst assesses each request and ensures it is properly endorsed by VA field or Central Office leadership. Validated business needs are entered into a requirements repository and aligned to a business capability before proceeding.
- 2. The analyst, together with other ESM Office staff and the business owner, reviews business needs to identify those that align with and support VA strategic direction:
  - Business needs that align are grouped into logical work efforts and moved forward.
  - Business needs that do not align are held in the requirements repository for future consideration.
- 3. The requirements analyst leads a series of high-level business requirements-gathering sessions for each work effort aligning with strategic direction. These collaborative sessions involve numerous stakeholders and result in categorization of business needs into owner requirements. Requirements for each work effort are packaged in a Business Requirements Document (BRD). The business owner and the Enterprise Systems Manager must agree and sign the BRD before it moves forward.
- 4. Once the BRD is completed the work effort is ready to be presented to Ol&T for project resourcing. The process by which projects are funded and resourced continues to evolve. If an effort is funded and there is a need for more detailed business requirements, a Requirements Elaboration Specification (RES) is prepared (more about this in a future issue). If is the project is not resourced, the business requirements are maintained in the requirements repository for future consideration.

On average it takes 60 business days to complete a BRD. Timelines vary depending on the availability of business stakeholders, the complexity of the request, and the ease/difficulty associated with determining alignment, and other factors.

Watch for future communications about how business requirements move expeditiously through the requirements process and more details on requirements specification.

# Tech Talk

From Whatls.com: Word of the Day: Noisy Data

"Any data that has been received, stored, or changed in such a manner that it cannot be read or used by the program that originally created it can be described as noisy."

